

City of Louisburg

913-837-5371 913-837-5374 (Fax)

5 SOUTH PEORIA STE 102

LOUISBURG, KS 66053

APPLICATION FOR GAS AND / OR WATER SERVICE

Date _____

Deposit Pymt \$ _____

Date you would like service to begin: ____/____/____

Do you want : gas on _____ off _____ initial _____.

Do you want : water on _____ off _____ initial _____.

Name applying for service _____

Address for service _____

Mailing Address _____

(If different from above)

Telephone # Hm _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

SSN# _____ - _____ - _____ DL# _____ DOB ____/____/____

Signature _____

_____ Own (must have copy of ownership papers)

_____ Rent (must have deposit \$100.00 Gas - \$50.00 Water)

Landlord's Information:

Name _____ Address _____

Phone _____ - _____ - _____

Additional Occupants 18 years or older:

Name _____ SSN# _____ - _____ - _____

Name _____ SSN# _____ - _____ - _____